

INCIDENT REPORT FORM

Received by: _____ Dispatch # _____ Incident # _____

Date Reported: _____ Time Reported: _____

Spill Incident/Release ☐ Citizen Complaint ☐ Emergency? ☐ Yes ☐ No Drill? ☐ Yes ☐ No

CALLER INFORMATION:

Citizen ☐

Industry ☐

Anonymous Complaint ☐

Other (i.e. Coast Guard): _____

Name/Company: _____

Title: _____

Address: _____

Is caller requesting a follow-up call? Yes ☐ No ☐

Date of Caller Contact: _____

Telephone No. _____

Parish (of occurrence): _____

SITE INFORMATION:

Company Name/ _____

Agency Interest # _____

Alleged Violator: _____

Other: _____

Location Address: _____

Is the site an Active or Inactive Site: _____

Date of discharge if different from date report: _____

Time discharge noticed: Began _____ Ended _____

Media Affected: Air ☐ Land ☐ Surface Water ☐ Ground Water ☐ Other _____

If water affected, name of nearest water body (Basin/Subsegment): _____

If air affected, note wind direction and weather conditions (if provided): _____

DESCRIPTION OF RELEASE/SPILL/COMPLAINT:

Product/material release and quantity (reported): _____

Product/material released and quantity (actual): _____

Description of release/complaint: _____

How was spill contained? Offsite Impact? _____

How was spilled cleaned/remediated? _____

DIRECTIONS FOR REACHING THE SITE: _____

Investigator’s Comments: _____

Region Assigned: _____

Summary Report: Yes ☐ No ☐

Investigator Assigned: _____

Date: _____ Time: _____

Investigator’s Signature: _____

Reviewer’s Initials & Date: _____

Date Closed: _____

Closed by: Site Visit ☐ Telephone ☐ Other: _____

Referred to: _____

Date: _____ Time: _____